

Case Number:	CM13-0062240		
Date Assigned:	01/08/2014	Date of Injury:	06/14/2012
Decision Date:	04/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old male claimant sustained a work related injury on 6/4/12 resulting in chronic back, right knee and ankle pain while working as a packer. He was additionally diagnosed with tibialis tendonitis and tarsal tunnel syndrome. He had used NSAIDs, Tylenol and Polar Frost for pain control. He initiated physical therapy soon after the injury In August 2012 and continued intermittently until July 2013. An examination report on 11/11/13 indicated continued tenderness of the right ankle, right patella tracking and tibial torsion. Addition therapy was requested for 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

6 Additional Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG), Physical Medicine; Workers Compensation, 9th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: In this case, the claimant had received a year of therapy with continued knee and ankle symptoms. The guidelines recommend a fading treatment program after which home exercises can be performed. Physical therapy for 6 more visits is not medically necessary.

